

MassHealth Buy-In

for people who are eligible for Medicare



What is MassHealth Buy-In?

MassHealth Buy-In is a program authorized by Congress for persons who are eligible for Medicare. MassHealth Buy-In allows MassHealth to pay all of the Medicare Part B premium for Massachusetts residents who are not getting other MassHealth benefits. It can also help get Medicare Part B for persons who only have Medicare Part A.

How much can I have in income and assets?

For MassHealth Buy-In, your income and assets (including bank accounts, stocks, bonds, or a second car) must be under certain limits. This chart shows how much you can have and what you will get if your income and assets are within these limits.

*These amounts will change on April 1, 2007.

If I am eligible for MassHealth Buy-In, how do I get paid?

If MassHealth Buy-In finds that you are eligible for payment of all of your Medicare Part B premium, we will tell Medicare.

If your Medicare Part B premium is deducted from your social security check, your check will be adjusted so that your Medicare premium is no longer deducted. This means that the amount of your social security check will increase based on the amount that had been deducted to pay for your Medicare Part B premium.

If you are eligible for, but not yet getting Medicare Part B, or if you are paying your Medicare Part B premium in some other way, like getting a quarterly bill from Medicare, MassHealth Buy-In will start paying this bill for you.

It will take several months to adjust your social security benefit or to pay your bill. However, you will get a refund for the amount you paid for your Medicare Part B premium back to the month you became eligible for MassHealth Buy-In. You will get this refund in the same way as you now get your social security: either through a check or direct deposit to your bank account.

When does coverage begin?

If you are eligible for MassHealth Buy-In, your coverage begins in the month we get your application. In some cases, it may begin as early as three months before your application month.

You will get a written notice that tells you about your coverage and when it starts. If you are not eligible, the notice will give you the reason(s) you are not eligible. If you think the decision is wrong, you have the right to appeal it. Information about how to appeal is on the back of the written notice.

IF your monthly income before taxes and deductions is below...	AND your assets are at or below...	THEN MassHealth Buy-In will pay...
For individuals		
\$1,123 *	\$4,000	all of your Medicare Part B premium.
For married couples who live together		
\$1,505 * (combined)	\$6,000	all of the Medicare Part B premiums for both you and your spouse.

What else do I need to know?

Use of your social security number (SSN)

MassHealth uses your SSN to track information in our files. Files may be matched with state and federal agencies including the Internal Revenue Service, Social Security Administration, Department of Revenue, banks, and other financial institutions.

Confidential and fair treatment

You have the right to confidential and fair treatment.

- MassHealth cannot discriminate against you because of race, color, sex, age, handicap, country of origin, sexual orientation, religion, or creed.
- MassHealth is committed to keeping confidential the personal information you give us during your application for and receipt of MassHealth benefits. We use the information you give us only for the administration of MassHealth. This means that we may need to share this information with our contractors and other entities. Any information we share must be kept confidential by that party. All personal information MassHealth has about any applicant or member, including medical data or health status, is confidential. This information may not be released for uses other than the administration of MassHealth without your permission or a court order. You can give us your permission in two different ways: 1) by filling out a MassHealth Eligibility Representative Designation Form; or 2) by giving us written permission to share your personal health information.



The information
in this brochure
reflects the rules and
income and asset
standards in effect
on April 1, 2006.

Eligibility representative

An eligibility representative is someone you choose to help you with some or all of the responsibilities of applying for or getting MassHealth. This person must know enough about you to take responsibility for the correctness of the statements made during the eligibility process. An eligibility representative may fill out an application or review form and other MassHealth eligibility forms, give MassHealth proof of information given on applications, review forms, and other MassHealth forms, report changes in your income, address, or other circumstances, and get copies of all MassHealth eligibility notices sent to you.

An eligibility representative can be a friend, family member, relative, or other person who has a concern for your well-being and who agrees to help you. An eligibility representative is a person you choose. MassHealth will not choose an eligibility representative for you. To designate someone to be your eligibility representative, you and your eligibility representative must fill out a MassHealth Eligibility Representative Designation Form, which is included in the application packet, or you can call us to get one.

An eligibility representative can also be someone who has been appointed by law to act on your behalf or on behalf of your estate. This person must fill out the applicable parts of the MassHealth Eligibility Representative Designation Form, and either you or this person must submit to MassHealth a copy of the applicable legal document stating that this person is lawfully representing you or your estate. This person may be a legal guardian, conservator, holder of power of attorney, or health-care proxy, or if the applicant or member has died, the estate's administrator or executor.

Permission to share information

If you want us to share your personal health information, including sending copies of your eligibility notices, with someone who is not your eligibility representative, you can do this by giving us written permission. We have a form you can use to do this. You can call us to get the MassHealth Permission to Share Information Form.

Reporting changes

Once you are eligible, you must let us know within 10 calendar days if there are changes in the information you gave us on your application, like changes in your income or address. If you do not let us know about these changes, or give us false information, you may lose your benefits.

You can let us know about any changes for MassHealth Buy-In by calling 1-888-665-9993 (TTY: 1-888-665-9997 for people with partial or total hearing loss).

Other MassHealth benefits

MassHealth offers other health-care benefits that either pay for medical services directly, or pay your Medicare copayments and deductibles. You may be eligible for these benefits if your income and assets are under certain amounts, or if you are disabled and under age 65. Call a MassHealth Enrollment Center at 1-888-665-9993 (TTY: 1-888-665-9997 for people with partial or total hearing loss) to learn about these benefits. You should also call this number if you have any questions about MassHealth Buy-In.

Other benefits

Medicare recipients can get help with prescription drug costs through Medicare. To get more information, call Medicare at 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048 for people with partial or total hearing loss), or visit www.medicare.gov.

The Executive Office of Elder Affairs also offers help with prescription drug costs through Prescription Advantage. Call Elder Affairs toll free at 1-800-AGE-INFO (1-800-243-4636) (TTY: 1-877-610-0241 for people with partial or total hearing loss) to learn more about these benefits.

How do I apply for MassHealth Buy-In?

1. To apply for MassHealth Buy-In, fill out the attached application. Include information about your spouse too, if he or she lives with you.
2. Sign and send the filled-out application to:
MassHealth Enrollment Center
367 East Street
Tewksbury, MA 01876-1957
1-800-408-1253
(TTY: 1-800-231-5698 for people with partial or total hearing loss)
3. When we get the application, we will review it for completeness. If we need more information, we will write to you or call. For example, we may ask you for papers that prove your income. Once we get all information, we will decide if you are eligible. We will also decide if your spouse is eligible.
4. Information about voter registration is included with your application. (You do not need to register to vote to get MassHealth Buy-In.)
5. If you want someone to act on your behalf as your eligibility representative, use the enclosed MassHealth Eligibility Representative Designation Form to tell us.



MassHealth Buy-In Application for people who are eligible for Medicare

This is an application for payment of your Medicare Part B premium. It can also help you get Medicare Part B if you are getting only Medicare Part A. If you want to apply for other MassHealth benefits, call a MassHealth Enrollment Center at 1-888-665-9993 (TTY: 1-888-665-9997 for people with partial or total hearing loss) for a different application. *Please print clearly and fill out all sections.*

General Information

Who is applying? ☐ you ☐ you and your spouse
If you and your spouse live together, you must also give us information about your spouse even if he or she is not applying for benefits.

You					
Last name		First name		MI	
Street address			<input type="checkbox"/> own <input type="checkbox"/> rent	City	State Zip
Mailing address (if different from above)				City	State Zip
Date of birth / /	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Preferred written language		Telephone number ()	
Social security number		For office use only		Medicare claim number For office use only	
Your Spouse					
Last name		First name		MI	
Date of birth / /		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Preferred written language	
Social security number		For office use only		Medicare claim number For office use only	

Income

Fill out this section for you and your spouse. List the gross monthly income (before taxes and other deductions, such as the Medicare Part B premium). We may contact you for more information.

Source of income	Your gross monthly income before taxes and deductions		Your spouse's gross monthly income before taxes and deductions	
Social security	\$	For office use only	\$	For office use only
Pensions	\$		\$	
Veteran's benefits	\$		\$	
Annuities or trusts	\$		\$	
Dividends and/or interest	\$		\$	
Income from a job (before deductions)	\$		\$	
Rental income (after expenses)	\$		\$	
Other: _____ (please specify)	\$		\$	

Assets

► Fill out this section for you and your spouse. List the value of all assets you and/or your spouse own. **Do not list your primary home or car.**

Source	You	Your spouse	You and your spouse
Savings accounts	\$	\$	\$
Checking accounts	\$	\$	\$
Second car	\$	\$	\$
Certificates of deposit	\$	\$	\$
Stocks	\$	\$	\$
Bonds	\$	\$	\$
Mutual funds	\$	\$	\$
Other: _____ (please specify)	\$	\$	\$
Total assets:	\$	For office use only	For office use only

Signature

► Please read the following carefully. Then sign and date the bottom of this page. Both you and your spouse must sign if your spouse lives with you.

I give permission to MassHealth to get any records or data to prove any information given on this application. I understand that I must tell MassHealth of any changes in information I gave on this application. I further certify under the penalty of perjury that the information on this application is correct and complete to the best of my knowledge.

If you are acting on behalf of someone in filling out this application, the enclosed MassHealth Eligibility Representative Designation Form must also be filled out and sent back with this application. Your signature on this application as an eligibility representative certifies that the information on this application is correct and complete to the best of your knowledge.

If you think MassHealth's decision about whether you are eligible is wrong, you have the right to appeal. If you are denied benefits, you will get information on how to appeal.

X

Signature of applicant or eligibility representative

_____ Date

X

Signature of applicant's spouse or eligibility representative

_____ Date

Once you have filled out and signed this form, send it to:

MassHealth Enrollment Center
367 East Street
Tewksbury, MA 01876-1957
Tel.: 1-800-408-1253
(TTY: 1-800-231-5698 for people with partial or total hearing loss)